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AUTHOR DeMaagd, Joan
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ABSTRACT

The value and importance of creative activities and play opportunities in play therapy is reviewed and discussed. Play therapy is considered to be part of the non-directive client-centered approach to counseling developed by Carl Rogers. The importance of giving the child the opportunity to play out his feelings and explore his thoughts and experiences is stressed. The counselors role in this situation is defined as being an indirect participant, providing recognition and reflection of the child's feelings. Two types of playrooms and their suggested contents are presented. A way of integrating this method into an elementary public school through a program of workshop training classroom teachers in techniques of play therapy is proposed. The method is adaptable to the classroom through creative activities, and the recognition of the feelings of the child by the therapist-teacher in a manner by which the child can gain insight into his behavior is discussed. (Author)

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PLAY THERAPY: CLIENT-CENTERED COUNSELING FOR ELEMENTARY SCHOOL CHILDREN

by

Joan DeMaagd

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Dr. Dale Faunce
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I. INTRODUCTION

Purpose

The purpose of this report is to investigate the value and importance of creative activities and play opportunities in play therapy. This investigation was undertaken with a secondary purpose in mind, and that was to apply this type of therapy in the elementary classroom.

Objectives

The objectives of this investigation are to:

1. Present the definition of play therapy.
2. Discuss the counselors role in the play situation.
3. Introduce two basic types of playrooms.
4. Examine the significant materials used in a play room and reasons for using these materials.
5. Examine and discuss the limitations of the play therapy situation.
6. Discuss the integration of this method into an elementary public school.

Significance

It is felt that the play therapy approach is an important method, and that it should be reviewed by other elementary school classroom teachers. It has been used in clinics successfully and this experience has provided a body of research which will be reviewed in this paper. Each of the chapters in this report which follow discuss the points to be considered in relation to the six objectives outlined above.

II. THE DEFINITION OF PLAY THERAPY

Educator's agree that the early years of childhood are critical in development of a healthy personality. Through play a disturbed or normal child can express his feelings, fantasies and problems without a feeling of guilt or punishment. Much insight to a child's world can be uncovered from observing him at play. His experiences and needs can be discovered from these observations.

Play therapy places a child in an atmosphere of relaxed freedom with toys which are his own natural tools of self expression. The general procedure is to place the child in a special playroom equipped with a variety of toys and materials. The child is given the opportunity to play out his feelings and is encouraged by the therapist to explore his thoughts and experiences. The type of session we will be talking about is a situation where there is one therapist and one child.

Play therapy as used here is considered to be part of the non-directive client-centered approach developed by Carl Rogers. Client-centered therapy is "built upon close, intimate, and specific observation of ... behavior in a relationship; observations which it is believed transcend to some degree the limitations or influences of a given culture".[1]

The children involved most effectively in play therapy are those ten years of age and younger. Advocates of this method suggest that children should be worked with before serious problems develop. It is preventive therapy ...therapy to prevent the requirement for further therapy. Normal children can be involved in this type of therapy as preventive type mental hygiene.

The goal of play therapy is to relieve the child of frustrations and repressions, thus gaining self respect and acceptance of himself. Bach[2] notes that by crediting the child with the ability and motivation to solve his own problems, a therapeutic atmosphere is provided which produces the permissiveness and acceptance that allows the child to be himself.

III. THE COUNSELOR'S ROLE IN THE PLAY SITUATION

Play therapy is similar to other types of counseling. In every type of counseling there are basic limitations in the relationship between the therapist and client. When using play therapy it is important for the therapist to remain as an indirect participant. From the very first encounter the therapist must establish good rapport with the child in order to have a successful experience. By remaining as an indirect participant the therapist accepts the child as he is and goes from there. The child must lead the way in this type of client-centered therapy. If the child wants to spend an hour sitting, the therapist must be prepared to do this. Virginia Axline describes a session of this nature:

> Then he sat down on the floor facing the doll house. He stared at it in silence for a long time. I didn't prod him on. If he wanted to sit there in silence, then we would have silence. There must have been some reason for what he was doing. I wanted him to take the initiative in building up this relationship. Too often, this is done for a child by some eager adult.[3]

The therapist shows acceptance and respect for the child's wishes.

Similar to a regular counseling situation the therapist does not try to change the childs personality but deals with the child in a manner that helps the child gain

insight into his problems.

The attitude of the therapist is the most important thing in dealing with children. The therapist must convey not only acceptance of the child but sincerity and understanding of the child's feelings. In respect to this acceptance it is important to note that....

> The therapist's acceptance of the child's right to feel as he does in no way implies approval of any particular attitude. Reflection and clarification of feelings serve to help the child to bring them out into the open, where they can be looked at. If the child feels understood, he tends to bring out deeper material.[4]

Children are usually sent to a play therapy room by an adult who has observed some aspect of the child's behavior which is not acceptable. Because of this type of referral situation the child will often reject or fight any individual who represents interference in the defensive type world the child has built for himself. It is significant for the therapist to recognize immediately the child's feelings and accept him with sincerity as a lovable individual. The therapist must regard the child as a self-sufficent individual and not a helpless dependent one.

Play therapy deals with feelings rather than causes or problems. The therapist has to be understanding and be able to relate to the experiences with the child in the play room. The child is encouraged to bring out his

real feelings, make decisions, and in return gets constant recognition from an adult.

Through the constant reassurance of an adult whom the child trusts and respects he can develop a feeling of belonging and learn to regard himself as having some self-worth and can start using his play experiences as growth experiences and build up emotional independency.

The therapist's role in this relationship with the child in developing these growth experiences is one of self discipline, waiting, listening and reassuring. He waits for the child to make his own decisions and respects them. He must develop a good ear for listening. He asks no probing questions and offers no criticism. If the child asks directions or asks for help the therapist gives it. However, the therapist does not make suggestions. The child makes the decisions. The therapist tries to re-express the child's feelings in words that make the child better understand his own inner thoughts. The re-expressing is recognition of feelings rather than interpretation of feelings. Interpretation must be avoided by the therapist at the time.

Whenever we are dealing with feelings of individuals it is obvious that feelings can be easily misinterpreted. The idea of play therapy is not interpretation, but recognition and reflection of feelings.

Virginia Axline uses a type of understanding restatement:

> Bill: I'll beat her up. (He grabs a big block and proceeds to beat her.)
> Therapist: You feel like beating her up.
> Bill: Now I'll bury her in sand. She'll smother.
> Therapist: You'll smother her in sand now.
> Bill: Nobody will ever see her again. (He buries her deep in the sand.)
> Therapist: You got rid of her. No one will ever see her again.[5]

The child can tell by the remarks that the therapist has made, that this adult understands his feelings and is interested. It is expected that in a situation like this that the child will feel free to express his feelings, and by hearing someone else say what he is feeling, he gains understanding and insight into what he is feeling and doing.

IV. THE TWO BASIC TYPES OF PLAYROOMS

There are many playrooms in schools, child guidance clinics, mental health clinics and other places but no uniform size has been found for a playroom. Size of the playroom is not an important factor; however each room contains special equipment. Some schools or clinics have permanent playrooms. These rooms are sound-proofed and windows are protected with damage protective wire screens. The walls and floors are a type that is easily cleaned. Ideally, a room of this type should be wired for recording. A one way screen is usually included and the very elaborate are equipped with video-tape or camera. The equipment is situated so the child is unaware of its presence. The purpose of this special equipment is to allow observation. The observers can be student therapists or specially trained personnel assistants who are constantly observing the child's play, conversations and reactions. This frees the therapist to direct full, undistracted attention toward the child. An elaborate room like that just described is desirable, but not absolutely necessary if not available.

Effective playrooms have been set-up in a corner of the classroom. In this situation the therapist visits the child rather than the child coming to the therapist. It should be set apart from the classroom by dividers, usual-

ly the portable type. Materials will be discussed in a later chapter, but one brief notation should be made at this point. In a classroom type playroom the therapist must limit the materials to those that can be carried to the play corner on each visit in a bag or suitcase.

Regardless of the kind of playroom, it soon becomes a very special place to the child. The child develops a sense of security. This is his room .... a place where he can be the most important person in the world. The child can set his own standards. He is free to love, hate and be indifferent, and all the while being accepted and understood by an adult.

All items in the playroom should be arranged in the same order for each visit. The playroom should be cleaned up after each session before another child enters. This consistency helps add to developing the child's security. This security relationship has been identified by Moustakas as follows:

> The child comes into a relationship with the play materials, a relationship which is not unlike the warmth, comfort, and protectiveness he feels when he holds or sleeps with his blanket or some other precious possession. No person can give the child what he experiences in a relationship with a toy or play material. It is an inward warmth and safety which he feels, an inseparable relationship that makes him want to possess the item.[6]

V. THE SIGNIFICANT MATERIALS USED IN A PLAYROOM AND REASONS FOR USING THESE MATERIALS

The materials found in a playroom can be classified into two categories--aggressive and constructive. Some authors refer to these categories as structured and non-structured. Types of aggressive toys would be toy soldiers, guns, pistols, knives, swords and darts. Usually some type of a large inflated punch toy is included, a sand box, puppets, and family figures...dolls or a figure made from pipe cleaners. Usually a baby doll is included so that they can feed it, and change its pants. This is because sometimes they are being sent to these rooms because a new baby has come into the family and they can relate their hostility to this baby doll. These toys are placed in the playroom so the children can express hostility. For instance:

> Children find these materials appropriate because they can use them to express strong aggression in socially acceptable ways. Children with disturbing problems, particularly boys, eventually express their most severe feelings through shooting, stabbing, punching, cutting and attacking and killing in other ways.[7]

Types of constructive toys would be nursing bottles, water paints and finger paints, a play house with furniture, a sink with running water, play dishes, clay, crayons, paper and scissors.

Whether commercial games such as checkers and monopoly should be used is a controversial point. Axline feels they get in the way of creative and expressive play.[8] Moustakas feels they are important because the child can participate in noncommittal activities until he is ready to express himself.[9] Other advocates of play therapy contend that commercial games involve the therapist to such an extent that he is not free to observe the actions of the child or record conversations.

Hartley, Frank, and Goldenson have presented some of the best reasons, studies and cases for including water, clay, paints, crayons and paper in the play therapy room.[10] I will very briefly summarize their findings.

1. Water
   a. Water gives children an opportunity to satisfy in substitute fashion legitimate needs which our child rearing practices usually frustrate.
   b. Water has very liberating effects.
   c. Water serves as an outlet for aggression.
   d. Water satisfies the desire for mastery and achievement.
   e. Water serves as a way of relaxation.
2. Clay
   a. The importance of using clay depends on the needs of the child using it. The aggressive child will pound, tear and punch the clay. The gentle child will pat or roll the clay.
   b. Clay serves as a way for the child to communicate inner difficulties to the therapist through non-verbal action.
3. Paints, Crayons, Papers
   a. These items serve as good outlets for active children because they provide a means for pure motor expression.
   b. For the child who is withdrawn because he is preoccupied with inner problems and confusions, painting can be a great relief and bridge to reality.
   c. For withdrawn or constricted children

painting can have a stimulating and wholesome effect.

d. Older children can use their painting and drawing as symbols of their conflicts and as a means of telling their stories in safely disguised form.

Nursing bottles are one of the most popular items found in the playroom. Every young child wants or desires to return to infanthood. In the playroom the child is free to talk baby talk, crawl around on the floor, and suck from bottles while being socially accepted by an adult.

The materials used depend upon the type of playroom available to the therapist. If the playroom is a special sound-proof permanent room, with easy to clean floors, all of these materials should be available if economically possible. If the playroom is in the corner of a classroom the therapist could only use those materials which could be packed in a suitcase.

VI. THE LIMITATIONS OF THE PLAY THERAPY SITUATION

Every counseling experience has limitations but in play therapy it is essential to keep these limitations to the minimum. However, the limitations imposed upon the child in play therapy are very important and consquently the limitations are not usually modified.

Moustakas says that limitations serve a very necessary purpose in the client-child relationship.

> Limits may be thought of as the requirement inherent in the realities of a therapeutic situation. Without them, the child would be forced to move in threatening and unfamiliar areas which might unnecessarily stimulate anxiety and arouse guilt. The therapist would feel unnecessary discomfort and anxiety. Externally induced feelings create a barrier and seriously threaten the relationship.[11]

There seems to be no agreement among therapists using play therapy as to when the limitations should be presented to the child. Some suggest presenting them to the child at the first counseling encounter so that the child will not feel frustrated when he comes up against a limitation. Others contend that stating the limitations at the first play session may refrain the child from expressing his true feeling for fear of having the therapist disapprove of him. Still others contend that the limitations should only be presented to the child when a need for one arises.

The most obvious limitation is time. The appointment

is for a fixed length of time, usually 45 minutes to one hour. The child must understand that there is a time limit.

The second limitation is that the child is never allowed to physically attack the therapist. Any attack should be stopped immediately. The relationship between the child and therapist must be built around respect.

The third limitation placed upon the child is one on leaving the playroom. The child should not be free to wander in and out of the playroom unnecessarily. If the child wants to leave the room because he becomes angry or bored he should not be allowed to return for that session. It is necessary for the therapist to make this clear to the child. Remaining in the playroom under difficult situations is part of the child's responsibility to his therapy. He has to learn to face and understand his problems and not run out on them.

Fourth, the child must be limited in activities which may be dangerous to his person. For instance, he should not be allowed to hang from a second story window or break windows.

The fifth limitation placed upon the child is not allowing the child to deliberately destroy items of value. In our chapter on materials for the playroom it was recommended that those materials used be as sturdy as possible. However, usually found along with the sturdy material may

be several rather expensive toys which the child should not be allowed to break.

A final limitation placed upon the child in most play therapy situations is not allowing the child to take toys from the playroom. The playroom is the child's place as are the materials and equipment in it. The materials and equipment are to be used by the child in the playroom.

Ordinarily the child will accept these limitations. But what happens when the child breaks the limitations imposed on him? Such a situation is a challenge to the therapist. Some therapists end the session. However, this is not accomplishing the objective of helping the child to understand and learn about himself. Often a preferable alternative is to allow the child to remain but recast the situation. For example, if a child insists on destroying one of the expensive toys, it could be placed on a shelf out of his reach for the remainder of the session. By doing this he maintains his acceptance of the child and does not make the child feel guilty about breaking a limitation. The therapist must recognize the feelings or emotions of the child which prompted the breaking of the limit.

The restrictions or limitations that will be required will vary with each child. The limitations that are necessary for one child are not necessarily the ones that will be required in the relationship with another child. The six limitations listed above are only those common sense

ones which are usually necessary.

VII. THE INTEGRATION OF THIS METHOD INTO AN ELEMENTARY PUBLIC SCHOOL

Presently in most school districts there is a shortage of funds available to supply the necessary personnel and materials to effectively well educate the children. Therefore, one can expect that numerous difficulties would be encountered in introducing play therapy into a public school system. No doubt there would be a strong public reaction against such a revolutionary procedure that allows the child to do as he wishes. Secondly, extra funds are usually not available to set-up the special facilities and to equip the playrooms as they should be constructed and supplied. A third shortcoming is that the supply of therapists trained in this technique is limited.

Since these three factors may present major obstacles to implementation of a complete play therapy program we would like to suggest another application of this approach which will utilize the classroom teacher.

Teachers refer a great number of children for counseling each year. It would seem advantageous for the teachers to be trained in techniques of client-centered play therapy. Teachers are in a position to observe the child's daily activities and relationships with others.

More children needing help could be reached if tea-

chers were trained in basic techniques of play therapy by a professional therapist in a series of workshops. This certainly would put the teacher more at ease in dealing with a problem student. There would no longer be thoughts of "What can I do?", but rather the teacher would have better insight as to what to do. More preventive therapy would be possible in a setting such as this.

It is recognized that more limits must be placed on freedom of expression in a classroom situation. However, the technique is adaptable since feelings can be released through various creative activities such as clay, music, writing, painting and puppets. Axline[12] implies that freedom of expression is not enough. The therapist-teacher must recognize the feelings the child is attempting to express and reflect those feelings back to the child in a manner in which the child can gain insight into his behavior.

The relationship between a child and his or her teacher is a very important one in the development of good mental health. Sincerity is an important part of play therapy. It is only reasonable to assume then, that if the teacher is sincerely interested in the child's feelings, and can create a permissive atmosphere with warmth and understanding for each child, then a good teacher-child relationship will result.

VIII. SUMMARY

This paper has introduced and reviewed the main play therapy techniques. The counselors role in the play situation was examined in detail. The relationship desired is one of warm, understanding acceptance in which the therapist responds to the childs initiatives, and highlights the childs actions by verbal restatements of the childs expressed feelings. It is our conclusion that the attitude of the therapist is the most important thing in successful therapy.

Two types of playrooms were presented, (1) the specially constructed permanent type and (2) the modified classroom type. A common list of the appropriate materials for these rooms was researched and presented.

The limiting constraints on the play therapy situation were reviewed and analyzed. It was concluded that limitations on the child should be kept to a minimum so as not to confuse and frustrate the child. It was also noted that often there may be preferable alternatives to concluding the session which will allow continuation toward the objective of self-understanding on the part of the child-client. Recognition of the childs emotions is part of the challenge to successful therapeutic practice.

It was proposed that a program of workshop training

for classroom teachers in techniques of play therapy would be advantageous. With the additional insight gained from this type of training the technique can be usefully and practically adaptable in the normal classroom situation.

FOOTNOTES

[1]Carl R. Rogers, Client-Centered Therapy (Boston: The Riverside Press, 1951), p.5.

[2]Audrey Bach, Pupil Discovery Training. The Application of Filial Therapy To The Teacher-Student Relationship (A report prepared for Sayreville Public Schools, New Jersey, 1968), p.6.

[3]Virginia M. Axline, Dibs In Search of Self (New York: Houghton Mifflin Co., 1964), p.29.

[4]Rogers, Client-Centered Therapy, p.254.

[5]Virginia M. Axline, Play Therapy (New York: Houghton Mifflin Co., 1947), p.107.

[6]Clark E. Moustakas, Psychotherapy With Children (New York: Harper and Row, 1959), p.9.

[7]Moustakas, Psychotherapy With Children, p.7.

[8]Axline, Dibs In Search of Self, p.54.

[9]Moustakas, Psychotherapy With Children, p.8.

[10]Ruth E. Hartley, Lawrence K. Frank, and Robert N. Goldenson, Understanding Children's Play (New York: Columbia University Press, 1959), pp.151-269.

[11]Moustakas, Psychotherapy With Children, p.12.

[12]Axline, Play Therapy, p.143.

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